

Case Number:	CM15-0195631		
Date Assigned:	10/09/2015	Date of Injury:	06/08/2000
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old female, who sustained an industrial injury on 06-08-2000. She has reported injury to the upper extremities. The diagnoses have included RSD (Reflex Sympathetic Dystrophy) upper limb; myalgia and myositis not otherwise specified; and headache-facial pain. Treatment to date has included medications, diagnostics, and home exercise program. Medications have included Amitriptyline, Norco, and Fentanyl patch. A progress report from the treating provider, dated 08-27-2015, documented an evaluation with the injured worker. The injured worker reported pain along the right shoulder, right arm, and neck; her pain level has remained unchanged since the last visit; her average pain level is rated 3.5 out of 10 in intensity on a visual analog scale with medications; the pain is rated at 9.5 out of 10 in intensity without medications; medications allow for improved function and mood; without medications, she does not function as well and reported decreased activity in and out of the home, mood, and impaired ability to sleep; she is currently tapering off of the Fentanyl; she has tapered the patch to every 72 hours instead of 48 hours; and she is relying mainly on Norco for her pain control. Objective findings included she does not appear to be in acute distress; spasm and tenderness is noted on both the sides of the cervical paravertebral muscles; upper limb reflexes are equal and symmetric; tenderness is noted in the pectoralis of both shoulders; there is diffuse tenderness to palpation bilaterally of the deltoid; tenderness to palpation over the bilateral elbow joints; and there is tenderness to palpation over the both wrists. The provider noted that the injured worker is tapering down on the Fentanyl; "she was at 50 mcg every 48 hours and is now every 72'" and "we will reduce this to 25 mcg every 48 hours for 2 weeks then she will

reduce this every 72 hours then re-evaluate and further reduction will be pursued." The treatment plan has included the request for Fentanyl 25 mcg-hour patches #15 (prescription date: 08-27-15). The original utilization review, dated 09-04-2015, non-certified the request for Fentanyl 25 mcg-hour patches #15 (prescription date: 08-27-15).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fentanyl 25 mcg/hour patches #15 (rx 08/27/15): Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl, Weaning of Medications.

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had Fentanyl for several months with good pain control. The frequency was reduced over time and recently the dosage with continued pain control. The claimant was on short-acting opioids as well. Since the claimant was being tapered and remained in good control, the Fentanyl as prescribed is medically necessary.